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Original Articles.

HOW TO TEMPER THE TEMPERAMENTS.

BY J. W. REDFIELD, M. D.

(*Continued.*)

IN the next place, are the structures and functions of "air" correlative and corresponsive to, appropriable and conservable by, and transformable and transmutable into, the structures and functions of the sanguine temperament? The native element of freedom and aspiration inspires us with that idea. Its oxygen and nitrogen, together with its etherial and watery elements in such subservient proportions as to be possessed and aerialized by them, must be more promotive of the growth and development of the organs and functions of respiration, arterialization, pulsation, circulation and the muscular tissue, which belong to the sanguine temperament, than they are promotive of the growth and development of the organs and functions of the other temperaments, with which they do not come into such intimate relation and sympathy. Through the sanguine temperament the air we breathe is tributary to the other temperaments, by virtue of its possession of elements originally proper to them, as well as by virtue of the harmonious and orderly relation of the temperaments to each other. The warmth and moisture and florid complexion of the sanguine temperament, as exemplified in the English, are logically associated with the warmth and moisture of a temperate, genial atmosphere, like that of England, and with the decarbonization and arterialization of the blood by the oxygenation and magnetization of its ferruginous red corpuscles, which show their tempered color through the semi-transparent skin, and which are so indispensible to the due development and invigoration of the heart, diaphragm, and entire muscular system. The structures and functions of the sanguine temperament are chiefly those of the muscular system, and it is remarkable that nitrogen, the other and by far the largest constituent of the atmosphere, enters into the composition of the fibrine of the blood, and thence into the constitution of the muscles, more largely than into the structures of either of the other temperaments. The functions of the muscular system, especially of the heart and respiratory muscles, not merely as muscular fibres, but as circulating and respiratory systems, are expansion and contraction, and thence motion in every conceivable direction, under the motives applied to them by the brain and nerves; and expansion and contraction, and motion in every conceivable direction, under the motive influences of light and heat and electrical currents, as we see in the sun and in the torrid regions of the earth, are the corresponding functions of air, indicating their transmutability into those of the sanguine temperament.

As nitrogen shares so largely in the constitution of the atmosphere,—its proportion to oxygen being nearly that of five to one,—it must share most largely in the demand made upon the atmosphere by the sanguine temperament for its growth and development. But does it, like the other elements of the atmosphere, enter this temperament directly, in the character of a constituent of the inorganic kingdom, or does it enter altogether as a constituent of the organic kingdoms, in the form of vegetable and animal food? The fact that the herbivora live chiefly, and may live altogether, on non-nitrogenous food, and are yet not deficient in muscle, suggests the lungs, rather than the stomach, as the principal channel of its admission to the fibrine of the blood, of which it is the chief constituent and

from which the muscles are reconstructed. Is it positively certain that the nitrogen exhaled by the lungs is identical with that of the preceding inhalation? May it not be an equivalent product of the disorganization of the tissues, supplanted by the inhaled nitrogen in the re-organization of those tissues from the red blood, and preserved from putrefactive combinations by the carbonic acid with which it is associated in the black blood on its way outwards? This idea appears to derive some support from the fact that the legumes, turnips, and other nitrogenous vegetables, which thrive on soils deficient in animal manures, are very largely supported from the atmosphere through the medium of their leaves, because leaves are to plants what lungs are to animals. The herbivora excrete much less nitrogen from their kidneys than the carnivora; is it not because they eat it less, and inspire and expire it more? Of the herbivora, the horse excretes more ammonia in his urine than the cow; is it not because his food is more nitrogenous, and his constitution is better adapted to such food, than hers? Of the carnivora, the cat-kind have a more offensively ammoniacal urine than the dog-kind; is it not because they are more carnivorous and have smaller lungs through which to inhale and exhale nitrogen in its elementary form? Of all mammals, the skunk has proportionally the smallest thoracic viscera, and makes the least use of inspiration and expiration, and the most use of stomach and excretories, in the reception and disposal of nitrogen, receiving it in a form the most concentrated and agreeable, *i. e.*, poultry and eggs, and disposing of it in a form, the most concentrated and offensive. In any case, an animal exhales just about as much nitrogen as he inhales, making it very difficult, if not impossible, to distinguish experimentally the product of the decomposition of the tissues from that which is destined to take its place.

But there are still other rational considerations that render the truth of the theory very probable, and as they are of great practical importance to the physician, they may be mentioned. It is natural to suppose that what a man inspires is comparatively living and life-giving, and that what he expires is comparatively dead and deadly. Said the Christ: "Not that which goeth into the mouth defileth the man, but that which cometh out of the mouth, this defileth the man." The nitrogen of a fœtid breath, like that which proceeds from any kind of zymotic fever, must proceed from the charnel-house within, rather than from the pure air of heaven; and if pathological chemistry shall ever prove it to be unaccompanied by the due proportion of carbonic acid gas, the putridity will be easily explained. The theory of such a breath may be something like this: The pure elements of the atmosphere, for some cause, find too little admission to the circulation, for the reconstruction and revival of the decomposing tissues, and the carbon and hydrogen of these, not finding sufficient oxygen from the atmosphere to unite with, for the formation of liquid carbonic acid and water, unite feebly with the liberated nitrogen, to form a sort of azotized, rancid, ammoniated, semi-olefiant, pestilential, carboretted hydrogen; and this, however it may be formulated, coming to the lungs for egress, and mingling with the rejected atmosphere, makes the offensive and noxious expiration, in which the nitrogen is unaccompanied by those conservative and cooling exhalations, carbonic acid gas and aqueous vapor. If the chief difficulty in every low form of fever be a deficiency of oxygen, the most obvious remedy is the one that nature craves—an abundance of pure air and of fresh acid fruits. If this be insufficient, the same principle proposes the diffusion of nitrous oxide through the atmosphere of the room, and the presence of the black oxide of manganese, not only on account of the nitrous oxide so abundantly and easily obtained from it, but also on account of the large quantity of ozone which it liberates, and its consequent superior disinfecting properties. Fevers being predominantly diseases of the structures and functions of the sanguine temperament, the correlative and corresponsive structures and functions of air are predominantly appropriate and conducive to their cure.

We come now to the appropriation and conservation of the structures and functions of earth by the correlative and corresponding structures and functions of the alimentary temperament. Much can be said of the structures, but not much of the functions, of the solid earth beneath our feet, except so far as it is taken possession of and disintegrated and mobilized by the slightly structural and exceedingly functional elements, air and ether. It is not so much an active functionary in itself as it is the efficient instrument of the

higher and more functional elements by which it is occupied and surrounded. In this respect, as in all others, its structures and functions are correlated and correspondent to those of the alimentary temperament, whose comparatively inert cellular structures—the osseous, the adipose, and the secretory—are acted upon and controlled by the nerves and muscles of the higher and more functional temperaments internal and external to them, the nervous and the sanguine. Fire and air functionalize, and are structuralized by, earth and water; and in like manner, the nervous and sanguine temperaments functionalize, and are structuralized by, the alimentary and lymphatic temperaments. Orderly and disorderly structure is most conspicuous in water and the lymphatic temperament, less conspicuous in earth and the alimentary temperament, still less conspicuous in air and the sanguine temperament, and least conspicuous in ether and the nervous temperament. Harmonious and inharmonious function is conspicuous in the elements and temperaments in the reverse order—most in the etherial and nervous, less in the aerial and sanguine, still less in the terrestrial and alimentary, and least in the aquarial and lymphatic. At first blush, it may seem that water and the lymphatic temperament are less structural, orderly and disorderly, and more functional, harmonious and discordant, than earth and the alimentary temperament; but that in themselves they are not so we see in the structural and motionless state of the polar seas, and of the fish imprisoned therein, waiting the return of the sun and its revival of the nervous temperament to dissolve the spell that binds them. Water and the lymphatic temperament are the opposite extreme from fire and the nervous temperament, the one extremely structural, and the other extremely functional; and old ocean and its inhabitants sing no base to the sun and angels of heaven until these have sung soprano to them, melting and lifting them into responsive sympathy and harmony, and conjoining with them in that happy medium between extremes which is heaven on earth. In this marriage of earth and sky is to be realized the peaceful solution of the war of elements, the perfection of a temperate climate, the beautiful order and harmony of classes in the vegetable and animal kingdoms, the symmetrical temperament of the temperaments in the individual, and the corresponding harmonious conjunction of counterparts in the conjugal relation, and in all the consequent relations of society, domestic, educational, commercial, civil and religious.

But if the relation between earth and the alimentary temperament has anything to do with this sublime result, we must first understand that relation. It is central to the subject of diet, because it is the earth, more than either of the other elements, which supplies the demands of the stomach and body for food, and reconstruction and growth. Of the four inorganic organizable elements, commonly called "the organic elements," carbon, the first and the last in every organization, is the substantial nucleus to which hydrogen, oxygen and nitrogen gather themselves, as the alimentary or cellular temperament, the first and last in every animal organization, is the centre of the lymphatic, nervous and sanguine temperaments, in the order of their growth and development from the nourishment it bestows upon them. These four organic elements seem, indeed, to represent to the organizations of the temperaments the four elements of the ancients—oxygen fire, nitrogen air, carbon earth, and hydrogen water. Carbon is "of the earth, earthy," as we see in alluvial soils and peat bogs, in mineral coal and oil, in the carbonates of the alkalies and alkaline earths, and in the most perfect of mineral structures, the diamond. That in these forms it is sufficiently correlated to the alimentary temperament to be appropriable by it cannot be asserted, but it is well known that free carbonic acid is as grateful to the stomach as it is suffocating to the lungs, and that in the form charcoal, in which it is no longer organic, carbon will perform its part in the fattening of pigs and poultry. In ourselves, food delicately carbonized, by the slightest possible combustion of its surface, is all the more gustatory, appetizing and digestible, and all the more appropriable and conservable by the alimentary temperament, especially by the liver and biliary secretion; seeming to show that the carbon of food receives some degree of activity, just that degree, indeed, which is indicated by the flavor it receives, from the extremely functional element by which it is rendered conspicuous. Persons in whom the liver is abnormally large and active, demand for the sustentation of its structure and function the degree of carbonization productive of blackness and bitterness, together with such bitter beverages, as coffee and beer, and even "bitters." As

the liver plays the middle part in the functions of the alimentary temperament, sharing equally in the secretory character of the organs above, and the secretory character of those below, bile and the bitter substances most like it are partly gustatory, appetizing, and promotive of digestion and assimilation, and partly disgusting, de-appetizing, and promotive of rejection and depletion, and they constitute the dividing line between those slightly bitter substances which are to be associated with carbonaceous or fattening food, as gentle tonics and stimulants to its digestion, and those intensely bitter substances which are to be associated with the excrements of the body, as narcotic and deadly poisons, fit only to be cast out. It is not to be wondered at, therefore, that the over-development of the sluggish alimentary temperament by such things as coffee and beer, bitters and opiates, is a morbid development, a bloated counterfeit of robust health, or else that miserable depravation and intensification which has given the temperament the name of bilious and melancholic.

That the structures and functions of earth are appropriated and conserved by those of the alimentary temperament is further shown by the fact, that the "salt of the earth" is especially appetizing and promotive of digestion, and that its chlorine is an essential constituent of the gastric secretion, while its sodium enters into the composition of bile, and somewhat into that of the liver and adipose tissue. This relation of earth to the alimentary temperament is also shown in the fact that the most terrestrial of the terrestrials, the herbivora, are passionately fond of salt, lap wood ashes and pulverized phosphate of lime with a relish, and in the spring are eager to upturn the sod and get a taste of genuine earth. No wonder, for earth is the beginning and end of their existence. The almost imperishable bony system, whose teeth plainly show its connection with the alimentary temperament, is generally believed by physiologists to be a chemical, inorganic deposit, or very nearly that; and in the relation of the microcosm to the macrocosm, it is that in the former which represents the mineral kingdom in the latter. The correlation of the lime-stone strata to the bony system appears quite evident, so far as the lime is concerned; and if in the appropriation of that to this the carbonic acid becomes supplanted by phosphoric acid, it is because of the harmonic relation of the alimentary temperament to the nervous, particularly in regard to the cerebro-spinal system, and the bony cavities in which it is enclosed. Phosphorus being an essential element of nerve matter the development of the sympathetic, and finally of the voluntary nervous system, and thereby the development of the external skeleton of the mollusks into the internal skeleton of the vertebrates, converts the carbonate of lime constituting that into the phosphate of lime constituting this. The change takes place through successive stages of the correlation and appropriation of structures, effected by accompanying stages of the correspondence and conservation of the functions of which they are the embodiments. In order to undergo this change, lime-stone is first possessed and functionalized by water, and water issuing from the earth, filtered from the fermentable impurities of the surface, and impregnated with sufficient lime to supply the slow waste and growth of the bones, is so much the more palatable and wholesome. Indeed, a vast number of minerals, the most common of which are iron and sulphur, are rendered actually curative of diseases of the alimentary and lymphatic temperaments by dissolution and potentialization in the waters that penetrate their mysterious abodes. The luxurious tastes and idle love-makings, as also the dyspeptic and scrofulous diseases, of the majority of those who resort to mineral springs for recreation and cure, belong to the alimentary and lymphatic temperaments, and are gratified and benefited by the resort, on the principle that like in the temperaments likes like in the elements, and that like in the elements begets like in the temperaments.

In the habit of the tribe of Indians called "clay-eaters," and in the consumption of slate-pencils, marl, chalk, charcoal and the like, by chlorotic maidens, we have examples of the appropriation of correlative structures, with very little conservation of corresponding functions, appropriation, too, not by the structures of the body, but merely by the cavities of the alimentary canal, for the simple reason that such substances have not been subjected to destruction and dissolution by the more functional elements, fire, air and water. Though the consumption of these insoluble minerals is out of all proportion to their entrance into the blood and tissues, and into the incretory and excretory secretions, it would be unwarrantable to assert that it is alto-

gether in response to a depraved appetite, or not at all in response to some functional or remedial demand of the alimentary canal. The peristaltic action of the intestines, so like that of a clay-gorged earthworm, and the fact that the clay, potash, lime, carbon, etc., of common earth, are the most natural absorbents and correctors of the fæcal and urinary secretions consigned to them, and the fact that nature applies them remedially to scrofulous humors and to the injected virus of stinging insects and venemous reptiles, all suggest the idea that the external and superficial uses of these mineral substances may be anticipated in the alimentary passages, especially in the large intestines, in consequence of peculiar derangements and vitiated secretions of the mucous membrane, arising from vicarious efforts to rid the system of its menstrual poison, and tending to engender zymotic diseases similar to those produced by mephitic poisons from without. Such considerations must dispose the physician to discover in these "unaccountable proclivities to a mineral diet," as Dr. Holland calls them, the intention of nature, and to assist it, instead of treating them as altogether abnormal and ridiculous.

The support we derive from the inorganic kingdom, as compared to that which we derive from the vegetable and animal kingdoms, comes so little within the sphere of our volition and consciousness that its magnitude, when we come to think of it, strikes us with some surprise. Distinctively, no doubt, the vegetable kingdom is not only developed out of the mineral kingdom, but lives upon it, and the animal kingdom is not only developed out of but lives upon the vegetable kingdom; but when we reflect that the higher evolution enfolds and includes a development of the lower, as really as the lower included a germ of the higher, we see that the mere organic or vegetative life in animals must make an involuntary demand for the inorganic elements, like that which it makes in vegetables, though animal life and its voluntary demand for vegetable and animal food be superadded. The oceans of ether and air in which we live and breathe minister to our nervous and sanguine temperaments almost as generously as the corresponding classes of the vegetable and animal kingdoms,—so generously, indeed, that we fail to recognize our dependence upon them. But as to the solid earth beneath our feet, we are so isolated from it except at the point of contact, that it nourishes us chiefly through the organic structures into which it is transformed, and these are so much the products of our voluntary labor that we are fully conscious of our reliance upon them for support. As to water, which in itself is solid and highly structural, it is so possessed and vitalized by ether and air that it bathes us almost as freely and abundantly as they, if we choose to have it, and enters our stomachs as drink, with little necessity of change to organic forms in order to satisfy the demands of the lymphatic temperament. That its structures and functions are correlated and correspondent to those of this temperament, and are hence appropriated and concerned by them, is shown in the predominant development of the lymphatic temperament, with its wave-motion and reproductive propensity, in great water-drinkers, bathers, swimmers, fishermen, seamen and hydropathists, and especially in the class of animals that are "out of their element" when out of water. The relationship is clearly indicated in certain rude resemblances between the forms of aquatic animals and the crystaline forms of their proper element in its efforts to organize itself. In frost works, snow flakes, and the spears of ice shooting out over the surface of freezing water, we see clear aspirations to the forms of sponges, corals, radiates, shell-fish, crustaceans, and to those of the vertebrates most liberally armed with spinous processes on all exposed parts of their bodies. There is even a rude resemblance between a macrocephalous and an iceberg. A cold-blooded but extremely active fish is little more than the lymphatic temperament, *per se*, and no other animal or temperament is so like water in the capacity of being frozen stiff, and then thawed out again into remarkable activity. Hence it is that the face, which is to the lymphatic temperament what the brain, lungs and liver are to the nervous, sanguine and alimentary temperaments, excels in expressing the opposite extremes of deadness and animation; and no part of the person is so much the patron and beneficiary of cold water. Finally, as the hydrodynamic element is the grand progenitor and promoter of the life and organization of the lymphatic temperament, it is equally the Herculean antagonist of that hydra-headed monster, scrofula in all its forms.

To the degree that we understand clearly

these relations of the four elements to the four temperaments, the use to be made of them in the temperament of the temperaments is easily perceived. A temperament is never absolutely too large and strong, though it may be relatively so, for the simple reason that size is the measure of the instrument of power, and power is life and health and the means of accomplishing whatever is necessary to the happiness of the individual and of society. Hence, the weaker temperament is to be supplied with a greater quantity and purity of the element proper to it, until it is made equal to the strongest. For the correction of their deficiencies and weaknesses, and consequent lesions and distempers, the sanguine and lymphatic temperaments require more pure air and pure water, and the nervous temperament requires more of what the ancients called "pure fire," *i. e.*, more light, heat, electricity and magnetism. As to deficiencies and weaknesses, and consequent lesions and distempers, of the structures and functions of the alimentary temperament, they may require for their correction more pure earth, *i. e.*, more salt, carbon, sulphur, iron, or any other of the minerals known to medicine, or they may not. The reason for this exception is the fact that the alimentary temperament is the medium of the nourishment of the other temperaments by their proper aliments, and is much better adapted to the appropriation of organic food, requiring digestion and assimilation, than to the appropriation of inorganic food acquiring no such alteration.

Though the structures and functions of the four elements are so appropriable and conservable by the correlative and corresponding structures and functions of the four temperaments, and are so important in the work of tempering the temperaments by the development of the weaker to a state of equality with the stronger, yet the structures and functions of like divisions of the vegetable and animal kingdoms are still more so, for the simple reason that the temperaments are more animal than vegetable in their nature and mode of subsistence. But of these four natural divisions of each of the organic kingdoms, and of the uses to be made of them, in connection with the four corresponding divisions of the day, of the month, of the year and of human life, in the temperament of the temperaments, especially in respect to their harmonious and orderly periodicities, the description must be reserved for another occasion.

GELSEMINUM IN REMITTENT FEVER OF CHILDREN.

BY J. A. TERRY, M. D.

(Read before the Hom. Med. Society of the Co. of N. Y.)

GENTLEMEN: Allow me to present a few remarks on a remedy, which, notwithstanding its comparatively new application in disease, is becoming one of our leading medicines for the treatment of many ailments which afflict humanity. I shall confine myself in this short report exclusively to what I have found to be the result of personal observation at the bed-side, and consequently will only describe facts as to the action of this agent on subjects attacked with remittent fevers, corroborating the symptomatology which relates to fever, as well as the observation of others on this subject.

The first time my attention was called to this remedy, in connection with remittent fever, was while reading "Hale's New Remedies," 2d edition, 1867. In quoting Dr. Ludlam's Therapeutics of this fever in the cases of infants, he says: "Excepting aconite, there is certainly no remedy with which the profession is at present familiar which promises so much as the gelseminum in the treatment of this variety of the remittents of infancy and childhood." Dr. S. A. Merrill, and Dr. Hughes, of England, report also of its value in that type of fevers, considering its action much more efficacious than that of aconite. In the last edition of the same work already cited, (1875,) we find and quote the following: "Infantile remittents, when due to irritation of teething, intestinal troubles, worms, or when caused by malarial influences, in such cases it acts better than any other fever remedy, but should be alternated with some remedy more homœopathic to the special irritation."

My experience perfectly agrees with the above quoted paragraph, with the exception of the last part of it; for, if we have to alternate with another remedy which shall be *more homœopathic* to the case, we do not then need, I think, to give the gelseminum, but the other remedy, which will cure instead. The gelseminum would, in such a case, act as a mere palliative.

What I have found to be a fact in *clinical* experience with gelsem., in these fevers of infants, is, that to develop thoroughly in certain constitutions the action of this remedy, it is oftentimes requisite to give three or four doses of an inter-

current remedy which should be a constitutional or anti-sporic, such as *sulph.*, *silicea.*, or *calc. ostr.* When thus used, the field of action of the gelsem. is in restoring the nervous tonicity of the vaso-motor nerves, regulating the circulation from the periphery to the centres, and consequently reducing the fever, pulse, and extreme *calor mordax*, affording the sympatheticus more energy in contributing assistance to the glandular and lymphatic system in re-assuming their proper functions; and for this very last purpose it seems often almost indispensable to give one of our mentioned intercurrents, particularly so in scrofulous subjects, whether the original exciting cause be malarial, mesenteric, parasitic or simply dentition.

Where you will witness the most beautiful effects of gelsem., acting always like a charm, and bringing great credit to our system, is in those cases of what I should call the remittent irritative fevers of children, caused by a scrofulous engorgement of the mesenteric and other glands, where deficient assimilation, faulty secretions, want of nervous stimulus, and constitutional predisposition, cause the accumulation in the system of the child of some effete and obnoxious product, whose presence in the organism will bring on this class of fevers, the pseudo-continuous type with exacerbations at night, cerebral irritation, dry, hot skin, stupor or delirium, bloated abdomen, incipient tabes mesenterica, scanty urine, great prostration, with anorexia and variable thirst. In this effort of the organism to get rid of some morbid product which the engorged and affected glandular system has not been able to eliminate or change to a healthy constituent, the fever will become continuous, and its duration dangerous in the extreme, terminating with the life of the patient. But gelsem. will always cut short these fevers, and convalescence will set in at the third or fourth day of the attack.

As I said before, it seems necessary to aid the action of the gelsem , in the malady above described, with some deeply acting, anti-scrofulous or anti-sporic remedy, and for this purpose you have to study closely your case.

If the dryness of the skin prevails, with a scaly condition of the epidermis, great thirst and herpetism, *sulphur.*, a dose morning and night, should be the intercurrent. If great restlessness, twitches of the limbs during sleep, moisture of the front part of head, and pallor of countenance are present, *silicea* should be chosen. For calc. you will find the bluish, transparent, and anæmic condition of the skin, large head and abdomen, sweating of the occiput, and great irritability of temper.

In all cases of this description I have been very successful in the above treatment, and fully endorse it for the consideration of those who practice the healing art.

In the malarial type, the result has been satisfactory. Where *quinine* has been used in large doses, and the cases rendered chronic, with acute attacks now and then, every time becoming more threatening, gelsem. has brought on a speedy and radical cure of the disease. In the pseudo-typhoid fevers of childhood and adults, with great pains in the muscular system, languid feeling, sleeplessness, prostration of forces, thirst, increasing nightly temperature, (by thermometrical test,) thickly-coated tongue, and other symptoms pointing to real incipient typhoid, gelsem. has acted beyond the expectations of my patients and myself.

It is a conviction in my mind that neither aconite, belladonna or ferrum phosph. will ever fill the place of gelsem. in these cases, their use being a mere loss of time; and if there were specifics in our system, I should be inclined to honor gelsem. with this title in the kind of fevers we have been considering.

Now, an important part remains to be elucidated. What has been the dose, and what the dilution? In the beginning of my practice, when I became acquainted with the action of gelsem., I used to administer it in the first decimal dilution, ten drops in half a glass of water, two teaspoonfuls every two hours, and the intercurrent in the thirtieth, morning and night. Subsequently, however, and as my confidence in this agent increased with experience, I have prescribed gelsem. of the 200th or 500th dil., several pellets in half a glass of water, a teaspoonful every two hours, and *sulph. calc.* or *silicea* of the very highest, as the intercurrent, dry on the tongue, morning and night, leaving it to act four hours before the gelsem. is resumed.

To those who are not acquainted with the beneficial adjuvancy of the hydropathic system, I should advise never to neglect in the treatment of these fevers to wash the whole surface of the body of your patient twice or three times a day

with luke-warm water, part by part, followed by a thorough drying and rubbing of the skin, for this adjuvant will also aid the gelsem. in producing a critical perspiration, which will insure the speedy convalescence of those patients attacked with the remittent fevers.

A NEW METHOD OF PERFORMING PLASTIC OPERATIONS.

BY DR. J. R. WOLFE.

(Surgeon to the Glasgow Ophthalmic Institution.)

To render plastic operations on the face more acceptable, and to bring them within a wider scope of utility, the following conditions must be fulfilled. 1. We must take a flap from the arm, or from any other part but the face. 2. We must seek to eliminate the elements of failure. I propose, in this short communication, to indicate the means of fulfilling both these conditions.

First, Tagliacozzi laid down the rule, which has ever since been considered as the primary law, and *sine qua non* to the success of the operation, that the flap must retain its connection to the adjacent living structure by a pedicle which is to be severed only after complete union and cicatrization of the raw surfaces. This pedicle has, in my opinion, been a source of great embarrassment to surgeons, and tended rather to retard the progress of plastic surgery. From my observations on transplantation of structures from the lower animals and on skin-grafting, as well as on plastic operations, I have long held it demonstrated, that in most cases the pedicle is not essential, if indeed it do contribute anything, to the vitality of the flap. This being once established, we are henceforward free to choose our bit of skin from any part of the body we may find suitable.

My next endeavor has been to eliminate the elements of failure. The principal cause of failure I find to be in the subcutaneous structures. If we wish a skin-flap to adhere to a new surface by first intention or agglutination, we must be sure that it is cleared of all areolar tissue, and properly fixed in its new place. The following case will illustrate the points referred to.

Formation of the Lower Eyelid with Skin from the Forearm.—P. C., aged 25, a quarrier, was admitted into the Glasgow Ophthalmic Institution, with his face, eyes and eyelids injured by an explosion of powder. I showed the man recently to the Edinburgh Meeting of the Association, as an instance of conjunctival transplantation from the rabbit. The right upper eyelid, which was strongly everted, I partially succeeded in correcting by skin-grafting. The lower right eyelid being completely everted, its integument totally destroyed, and the skin of the face consisting of discolored cicatrices not by any means suitable for plastic operations, I formed a new lower eyelid in the following manner. The edges of the upper and lower eyelids having been vivified, I introduced three ligatures into the border of the lower eyelid, which I entrusted to my assistant. By means of these ligatures, he used traction, whilst I dissected the whole of the cicatricial tissue, and thus liberated the subjacent structure. The ligatures were then introduced into the upper eyelid, and the edges of the upper and lower eyelids were thus united. I then elevated the edges of the wound, preparing them to receive the new flap like a watch-glass. The skin required for the formation of this eyelid was two inches in length and one inch in breadth, which I took from the forearm. To test the principles above indicated, I divided my flap into three portions. The first I removed, along with the cellular tissue, as close to the dermis as compatible with the integrity of the flap. The other two portions, after removing them from the forearm, I turned up; and with a cataract-knife, I sliced off the areolar tissue, leaving a white surface, which I applied to the eyelid. The difference between these flaps was very remarkable. The two flaps, which were previously prepared, healed by agglutination, without exhibiting even the slightest tendency to desquamation of the cuticle. Twenty-four hours after the operation, the surfaces looked pale; but the next day the temperature was normal, and appearance healthy; whilst that part which was applied without previous preparation looked rather livid the first day, improved the next two days; the fourth day it began slightly to suppurate; and, after a hard struggle for life, a portion of it only remained, while the rest shrank. This, however, will not compromise the result of the operation, which may be considered satisfactory.

The dressing consisted of gutta-percha tissue applied next to the skin, a graduated lint-compress, and a bandage to maintain immobility of both eyes. The union was so rapid and so perfect, that I separated the upper from the lower eyelid on the fourth day.—*British Medical Journal*, Sept. 18, 1875, p. 360.

Clinic.

CASES FROM PRACTICE.

BY W. P. FOWLER, M. D., OF ROCHESTER, N. Y.

In the April number of the TIMES, Dr. Henry C. Houghton, of New York, reports numerous cases of chronic catarrh of the middle ear successfully treated with *mercurius dulcis*, and requests that others, who are constantly treating this form of disease, will give their experience. Hence this article.

Case 1.—Mr. S., aet. fifty years, of vigorous appearance, consulted me on the 24th of April, 1875. His hearing had been bad in both ears for about ten years, but during the last twelve months the difficulty had increased so rapidly that he deemed it advisable to see if anything could be done for him before it was too late. Complains almost as much of tinnitus aurium as of the deafness. Examination—A. S., M. T. very much depressed and thickened; M. E. dry; H., $\frac{1}{12}$. A. D., M. T. depressed, and has a ground-glass appearance. H., $\frac{1}{6}$. Eustachian tubes pervious. Pharynx not much affected. Received *merc. dulc.* i-ii., for four weeks, when R. H., $\frac{1}{10}$., L. $\frac{1}{12}$. For two weeks longer he was kept under the influence of the same remedy, but no further increase of hearing-distance followed. The tinnitus was somewhat relieved, but it still annoyed him greatly. I now discontinued the *mercurius*, and prescribed *kali hyd.*, 1st, one dose a day for two weeks, followed by the 2d and 3d potencies of the same remedy three weeks, when the tinnitus had ceased almost entirely, and R. H. $\frac{1}{15}$, L. $\frac{1}{12}$.

Case 2.—Miss C., aet. 24 years; had suffered from repeated attacks of acute catarrh of the middle ear seven years previously, followed by deafness. Mucous membrane of pharynx hypertrophied; left Eus. tube partially closed, so that air is with difficulty forced into the tympanum; right Eus. tube patent, M. T. of both ears dull, somewhat depressed, but mobile. R. H. $\frac{1}{10}$, L. $\frac{1}{10}$. Received *merc. dulc.* five weeks, when R. H. $\frac{1}{10}$, L. $\frac{1}{15}$, and both Eustachian tubes were normal.

Case 3.—Miss E., aet. 25 years; states that eight years ago her hearing began to fail, but does not know what caused the trouble, as it came on gradually. Found some difficulty in inflating tympanum; secretion of pharyngeal mucous membrane slightly increased; both membranae tympani thickened. L. H. $\frac{1}{10}$, R. $\frac{1}{10}$. Has been treated by an old-school aurist, who did nothing for her except to inflate the middle ear. No improvement followed. Complains of much roaring. *Merc. dulc.*, for five weeks, lessened the tinnitus and increased hearing distance. R. $\frac{1}{10}$, L. $\frac{1}{10}$. No further improvement followed this treatment, and she was put upon *kali. hyd.*, which very promptly benefited her, so that in six weeks the watch was heard. R $\frac{1}{15}$, L. $\frac{1}{15}$.

I have used the *mercurius chloride* alone in eleven cases of chronic catarrh of the middle ear. In seven of those cases, marked improvement followed its administration; the other four were about as deaf when treatment was stopped as when it begun. One patient, however, improved slightly for the voice.

In proliferous inflammation, *mercurius dulcis* seems to be of but little use. In a few cases, it has in my hands, slightly improved the hearing distance; but *kali., hyd., galvanism*, and other agents had to be resorted to in order to produce any marked change for the better. Of late I have almost invariably used electricity in connection with *merc. dulc.*, in simple catarrh of the middle ear, and have had very fine results in many cases. Galvanization of the sympathetic very frequently affords prompt relief when the tinnitus is very annoying. Just how it acts, so as to remove this most troublesome symptom, I shall not attempt to explain, but give the fact for what it is worth. When there is closure of the Eustachian tube, a galvanic current of from four to ten cells passed from the ear, through the tube to its pharyngeal orifice, will almost invariably overcome the difficulty. The application should be made every day until improvement takes place, and that will generally occur within two weeks. As Dr. Houghton has said, *merc. dulc.* will relieve this condition; but I think that the current greatly hastens the result.

In practice, we sometimes, yes often, meet with cases where there seems to be a proliferous process in connection with the catarrhal condition. In these instances the pharynx will be effected; the Eustachian tube, more or less narrowed by hypertrophy of its mucous membrane; the M. T. will sink deeply inwards, and on trial with Siegle's otoscope, it will be observed that it has lost its normal mobility. The M. E. is usually large in such cases, and quite dry.

When this condition exists, I have found that *merc. dulc.* will do a certain part of the work—namely, relieve the catarrhal condition of the pharynx and Eustachian tube, rendering the latter pervious; but *kali. hyd.*, the galvanic current, etc., must be employed to complete the cure, or even to afford much improvement in hearing. Some may consider it poor practice to prescribe *mercurius*, and then follow it with *kali. hyd.*, an antidote; but so long as favorable results are obtained by this mode of treatment—results that otherwise, so far as we know, could not be brought about—duty to our patients, and justice to ourselves, demands that we should not let theoretical objections prevent us from employing it.

EPILEPSY AND PARAPLEGIA.

BY R. B. SULLIVAN, M. D.

(Staff Physician, Ward's Island Hom. Hospital.)

DECEMBER 24th, 1875, Louis Kiser, German, aet. 28, single, shoemaker.—When 15 years of age he received an injury of the perinæum, urethral strictures follow as a result, lasting about three weeks; has been in good health since, until the 15th of November, 1875, when he fell from a load of hay, striking the back part of the head on the wagon pole, at the same time sustaining injuries of other parts. He was immediately taken to Bellevue Hospital. The fall rendered him senseless, and he remained in a semi-unconscious state for three days. The comatosed condition was only interrupted by severe epileptic convulsions. During the convulsions there were involuntary emissions of urine, and when not convulsed but little was voided; with returning consciousness, he had marked delirium and severe pain in the occipital region. Being completely uncontrollable he was locked in a cell for several days, medicine was given and the delirium lessened. The convulsions increasing in severity and frequency, it was necessary to use a catheter for evacuating the bladder twice a day. Spasmodic strictures existed, which were becoming more decided every day. At this time different size bougies were introduced, followed by a No. 3, 5 and 7 catheter. By the 1st of December it was impossible, at times, to introduce any instrument without the use of an anæsthetic, which was resorted to, and the stricture forcibly dilated. About the 25th of November he complained of great weakness in the lower extremities, and by December 1st had nearly lost all motive power in them; he was compelled to use crutches. These symptoms continued to increase, and December 20th he was sent from Bellevue to Hart's Island, where he remained but three days, and was returned to Bellevue. He was sent to the Homœopathic Hospital, Ward's Island, December 24th, at which time he could only get along by using his crutches and swinging both legs at the same time. Was helped to his ward at 4 P. M., and before nine P. M. he had five severe epileptic convulsions. Entered these convulsions with a scream, then a muscular struggle would begin, the legs would become stiff, the head thrown from side to side, mouth distorted, lips covered with foam, arms rigid, or thrown about with great force. The convulsions would gradually become less severe, and terminate in fatigue, exhaustion, and dullness of the intellect. The abdomen was found to be greatly distended in the lower part, evidencing retention of urine, and a small-sized catheter was introduced, meeting with four strictures, which were readily overcome by use of hot oil and gentle pressure. Thirty-eight ounces of urine was drawn off. On the following morning, at 8.30, a No. 3, 5, 9 and 12 bougies was introduced by the aid of the hot oil, followed by a No. 5 catheter. His sleep was greatly disturbed by convulsions and pain in head and urethra. Complained of his head being so sore that he could not lie on it. Some acceleration of pulse, with severe pain all over the body; appetite good. *R. am.* [200] three times a day. At 4 P. M. the bougies were again introduced, followed by the catheter, the urine drawn away. He voided a few drops at 1 P. M., on passing bougies and catheter. No anæsthetic was used after his admission to the Homœopathic Hospital.

Dec. 28. Catheterized twice, using bougies previously for dilatation. Voided urine during the day twice without the aid of catheter; complains of some tingling in legs, with numbness, sore pain in head and urethra. Had four convulsions to-day, and three last night. Average duration of each, three minutes. *R.* continued.

Dec. 29. Voided urine this morning quite freely, with burning pain, and passage of some blood. Nine P.M., introduced a No. 5 catheter, after some resistance at the stricture. Did

not use bougies previous to introducing the catheter. Increased prickling and severe pain in legs and limbs, feel less numb, says he can bear more weight on them now. One convulsion to-day, two last night, duration same, severity less. Slept better, and the best he has since he received his injuries.

Dec. 28. Voided urine four times to-day, with but little pain, no blood. Extremities feel more natural, and less pain in them. Head quite sore on right side. Can stand on the legs without crutches, but can not take a step. No fit to-day; two last night. Did not use any instrument in urethra. *R. Sac. Lac.*

Dec. 30. Voids the urine naturally, stream at times lessened in force; used no catheter yesterday or to-day. Extremities feel quite natural; no pain in head, much less sore, can stand easily without crutches; walks with but one. One fit last night and night before, none through the day. Sleeps good. *R. Sac. Lac.*

Dec. 31. By putting his hands on the bed or wall can walk all round the ward; but little pain voiding urine. No fit last night or to-day. Some pain in back part of head simulating those preceding a fit. *R. am.* 200.

January 2nd, 1876. Has not used crutches all day. Has a very staggering gait, but does not tire. No pain in head. Sleep good. No fit since Dec. 29th. *R. Sac. Lac.*

Jan. 7. Walks quite naturally. Urethra apparently in a healthy condition; says he feels well, and wants to go home. Was discharged.

EXTRACTS FROM THE REPORT OF THE BUREAU OF CLINICAL MEDICINE.

H. V. MILLER, M. D., CHAIRMAN.

Annual Meeting N. Y. State Hom. Med. Society.

Indications for Sulphur and Phosphorous. By Dr. Hawley, Syracuse, N.Y.—A *phosphorous* cough is characterized by tingling, soreness and rawness in the air passages, but a *sulphur* cough is caused by a tickling sensation. He had often verified the following indications of *phosphorous* and *sulphur*.

Phosphorous: Small wounds bleed easily. A scratch bleeds, and it seems as if the bleeding would never stop. Cord-like, light colored stools passed with difficulty. The feet feel hot to the patient, yet they may be objectively cold. Phosphorous is often suitable for diseases of tall, slim people.

Sulphur: Faint feeling in the stomach; patient cannot wait for dinner. Hot vertex, hot palms and hot soles. The patient complains of hot vertex, yet it may or may not be objectively cold.

Dr. BREWSTER.—Case of bronchitis with dry, hacking cough, worse during the day. Phosphorous high, cured.

Dr. MARKS.—Hoarseness curable by phosphorous, is worse at night.

Dr. HUTCHINS.—Had never been disappointed when he had prescribed *phosphorous* in congestion of the lungs. He generally gave *aconite* at the commencement of the treatment.

Dr. Greeley often prescribed *sulphur* to arouse the slumbering vitality, when apparently indicated remedies fail. (It doubtless removes from such cases the concealed scrofulous element that proved to be an obstacle.)

Dr. Miller often prescribed *sulphur* in various diseases, particularly those of infants when the palms and soles are hot. When they have a fever, those parts are often the hottest. There may be hot vertex. If there is a diarrhœa, pain is usually excruciating, and it is worse very early in the morning. *Sulphur* is to be thought of in pneumonia, second stage, when there are crepitant rales. He often used it in acute nasal catarrh and in bronchitis. A *sulphur* cough is often worse at night in bed.

He used *phosphorous* chiefly in affections of the larynx, trachea and bronchia, characterized by a sensation of soreness or excoriation when coughing or talking. In hoarseness and aphonia, the soreness and painfulness of the larynx prevent talking. In croup and bronchitis, the cough is very painful on account of this soreness and sensation of excoriation in the larynx, trachea or bronchia. And the cough is dry from tickling in the throat or chest. A *phosphorous* cough is often aggravated by cold air. These indications of *phosphorous* he had often verified.

CASE OF CATARRH OF THE POSTERIOR NARES, (NATRUM SULPH. 200.) BY H. V. MILLER, M.D. CALCAREA CARB. AND GRAPHITES.

Dr. Miller gave a general outline of the characteristics of each of these important remedies, and he reported the following cases:

Case 1. Chorea. *Calcarea carb.* 30. A girl of sixteen had been treated allopathically several weeks without much success. The patient had light hair and blue eyes; suffered always from cold damp feet. Cure in three weeks.

Case 2. Right lateral curvature of spinal column, lower dorsel region. *Calcarea carb.* 200, and recumbent position. Patient had cold damp feet.

Case 3. Mrs. P., of mild disposition, with light hair and complexion and blue eyes, had for six years been troubled with eczema capitis, appearing first on the occiput. This was suppressed with tar ointment. The tetter then appeared on the external ears and in the meatus auditorius, a dry, white scaly itching eruption; after scratching exuded a sticky moisture. When the eruption was out, her general health was better. When nursing, she had sore nipples. Then a dry, white, scurfy eruption surrounded the nipple. Graphites 30 two or three times a day was followed by a steady improvement and a cure in four weeks.

Case 4. Herpes Zoster. Graphites 30. Severe neuralgic pains in parts affected, preventing sleep at night.

Case 5. Ascites with moist tetter. Graphites 30. Three years ago, Deacon H., 81 years of age, had ascites with a moist tetter of the legs from which exuded a glutinous fluid. The epidermis was exfoliated. This remedy two or three times a day, with *saccharum lact.* substituted at inter vals, made a perfect cure of both dropsy and tetter in three months, and the patient has been quite well ever since.

DISCUSSION.

Dr. Marks had with *calcarea carb.* cured two cases of hydrocephalus in children of scrofulous constitution, large heads, open fontenelles, profuse head-sweat and protuberant abdomen. One case of chronic prurigo and chronic diarrhœa of a child; stools whitish, teeth crumbling from decay.

Also with *graphites*, he cured a case of salt rheum on the hands, which was dry and cracked, but sometimes moist with a glutinous exudation.

Dr. Garrison, with *graphites*, had improved a case of *eczema capitis* in a rather corpulent lady. Her hair fell out, and there was a sticky exudation. There was much mealy scurf, and *arsenicum* high completed the cure.

Dr. HUTCHINS.—Glandular hypertrophy and induration of the breast. *Calcarea carb.* 5 *m.*

Dr. SCHENCK.—Eruption and sore nipples, with gummy exudations. *Graphites* cured in three days.

Dr. HAWLEY.—*Calcarea carb.* Severe obstinate cough, worse lying down. Cold damp feet, Dyspnœa on going up-stairs. Appetite poor. No sleep at night on account of the cough. Six powders; one at night.

In the orphan asylum, with *calcarea carb.* he had often cured scrofulous ophthalmia of children with ulceration of the cornea, distended abdomen, light hair and complexion, and blue eyes.

After the ulceration of the cornea is healed, a cicatrice is formed constituting opacity. Sometimes this opacity persistently remains. *Graphites* is the remedy. (Case to illustrate.)

Graphites is often suitable for leucorrhœas of fat women. If the leucorrhœa be thin and watery, it may or may not be profuse. It has less pruritus than *calcarea carb.*

With *calcarea carb.* he had often cured leucorrhœa with pruritus. Leucorrhœa, white, not thick, milky. The menstrual symptoms of these remedies are opposite. He had often verified the mental symptoms of calcarea carb.—afraid of going crazy, or that people will think the patient is crazy. Also in consumption, the patient complains of feeling very tired.

Calcarea carb. 200. Convulsions of little boy, with light complexion and blue eyes; stools white as chalk; belly like a big pumpkin; croupy.

Dropsy and liver complaint after scarlatina. *Calcarea carb.* Indications—head-sweat during sleep; stools hard, egg-shaped and white, great straining.

CASE 1. NOCTURNAL DIARRHŒA. CHINA 1ST.

BY G. E. TYTLER, M. D.

Case 2. Cerebral hyperæmia, *Belladonna 1st.* Patient delirious thirty hours; with difficulty could be restrained from getting out of bed and going around; constantly talked of being away from home and seeing old friends, some of whom had been dead some time; frightful visions of animals; face rather flushed; pulse 96, strong and full; some thirst; pupils not much dilated; delirium arrested in two days.

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EDITORS:

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EDWARD P. FOWLER, M.D.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."*—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

EPIDEMICS.

"GIVE me a fulcrum for my lever, and I will move the world," said Archimedes. Give me a sure starting point says the philosopher of to-day, and I will unravel the mysteries of nature. But that point of infallible truth upon which to stand and build seems ever floating before us like the *ignis-fatuus*, luring us into those mists and quicksands in which we stretch out our hands in vain for something to grasp which will not crumble or fade away at our touch.

Who has not felt, as a terrible epidemic swept through the community, marking its pathway with death, how can I cope with this fearful pestilence unless I know something more than has yet been discovered of those subtle influences by which it consummates its work? Like soldiers fighting against an unseen foe, like the fated six hundred riding through the valley of death, we see those whom we would fain save, falling to the right and the left, until the epidemic seems to have spent its force, and passes on to new fields. We talk learnedly about malaria, bacteria, germ poisoning, and weave our finely spun theories, which require but a puff of air to break their shining threads, and scatter them to the winds. What do we know of these subtle influences which produce here malignant diphtheria, there scarlet fever, and at still another point, cholera or yellow fever? What is the nature of the poison, what influences are at work to produce it? There must be a starting point somewhere. What is it, where is it, by what atmospheric conditions, by what influences of light or darkness, of heat or cold, is it evolved? Until these questions are answered with more positive certainty than has yet been vouchsafed to them, medicine scarcely deserves to rank as a science, and is but little more than a grand empirical structure, containing much that is true and valuable, the result of ages of experience, of careful inquiry and close observation, but much, very much which will not stand the test of time, but crumbles away before the inexorable logic of facts.

Dr. Tyndall, it seems to us, has taken a step in the right direction, when, in a recent lecture before the Royal Society, he denies the existence of spontaneous generation, and takes the position supporting it with a long and almost conclusive series of experiments, and a vast array of facts, "that the power of scattering light and the power of producing light, go hand in hand." In some inquiries which he made in 1868-9, he found it necessary to obtain some optically pure air, and the procuring of this air led him to make some experiments on the floating matter of the atmosphere. He found that air passed through densely-packed cotton, wool, or through a platinum tube containing a bundle of red hot platinum wire, was optically pure. A beam of light passed through a chamber of this optically pure air was lost until it emerged on the other side, as there were no particles suspended in the air to refract the waves of light. Hence it was shown that the gaseous portions of the atmosphere could not scatter light, and that if it were entirely deprived of all particles which float in it, we should be in total darkness.

In a long series of experiments, he boiled various infusions in optically pure air, and then exposed them in the same air. Parts of the same

infusion were boiled just in the same way in the ordinary atmosphere, to which they were also freely exposed after boiling. The invariable result was that those in the optically pure air remained fresh as when just boiled, and free from organic life, while a few days sufficed to breed in their companions, exposed to the ordinary atmosphere, putrefaction, and swarms of bacteria and their allies. Dr. Tyndall says these experiments show that the power of developing bacterial life by atmospheric air, and the power of scattering light, go hand in hand.

He does not stop here, but calls attention to the fact that there are particles floating in the air too fine to be distinguished by the microscope, and yet capable of acting on light, and he argues that these small ultra-microscopic particles are probably the germs of low organisms.

What is the nature of these minute particles of matter with which the atmosphere is so filled, that to their power of refracting light we owe the visible effect of light upon our senses; how are they produced, under what conditions of heat or cold, or electrical influence, what peculiar forms of vegetative or of decomposing animal or vegetable matter infuse poison germs among them, are questions which even the near approach to a satisfactory answer, will cast a flood of light upon the cause and progress of epidemics. A strong wind sweeping over a district infected by some local poison, carries the germs of disease over a large extent of territory. Its fatality may depend, to a certain extent, upon the peculiar condition of the nervous organism it attacks, and the power of resistance, by its strength of vitality, the invasion of the poison. And here comes in the hereditary taint of disease, sweeping down perhaps through generations, impairing the vital forces, and making easy victims of scores in every community. Here comes in also the effects of over-labor, of the thousand influences which tend to weaken vitality, and so the disease often spreads from point to point with but little check from so-called medical science.

We boast of our therapeutics, and hold up our materia medica, with its glorious law of similia, as the antidote, if rightly understood, to all the diseases which afflict humanity. And yet, oh how often before the breath of the pestilence our therapeutics seem like mere emptiness, a sound only, without power to save in the hour of trial, while we stand dumb and powerless in the presence of death.

We are in the nineteenth century. The past is full of great names, of the memories of earnest men who have toiled early and late to roll back the tide of death and suffering. To-day, as we look over the world, at the long death lists, at the one-half of the human family born into the world who die before they reach the age of five years, the sad thought comes up, "how little have they accomplished." How much there is to do. How grand the work which opens to the young enthusiastic enquirer after truth. We have the only therapeutics which can lay claim to being a scientific structure. How infinitely thus far they fall short of the wants of the community, the experience of every physician will tell.

TO THE PROFESSION.

We occasionally send the Times to physicians who are not subscribers, in the hope that it may commend itself to their favorable notice. This is the only direct way we have of asking them the simple question, "Would you like to become a subscriber?" If not, a return of the journal answers the question in the negative. It is necessary, however, that the name of the person shall be written upon the wrapper, so that we may know who has returned it. We very frequently have the journal returned without the slightest clue from whom it comes. The next month of course the journal goes to the same parties, and then we are very likely to get a notice from the postmaster, or letters in which we are upbraided in round terms for persistency in sending a journal they do not want. There

is not the slightest necessity for any ill-feeling in the matter. We only wish the TIMES to go where it will be a welcome visitor. The editors and publishers give their time freely to the journal, with no other remuneration, either directly or indirectly, than what may flow from the general good it may do the profession and the public. Every dime received is expended upon the journal. An increased subscription, an enlarged advertising patronage, will not place a single penny in the pockets of editors or publishers, but will materially increase the value of the TIMES, by enabling us to increase the number of its pages, and enrich some of the articles with engravings, for which at present we have no money to spare. It has been our endeavor to make an honest and respectable medical journal, working for the good of the whole profession. As editors we have no private axes to grind, and no personal animosities or old hates to gratify. We aim to deal fairly and honestly by all, speaking out plain words of truth without fear or favor. The TIMES has been received with even more cordiality than we had reason to expect. It closes its first year with a host of friends, and with every reason to expect a long and prosperous future.

The coming year will be of unusual interest to our profession throughout the world. We hope to make the TIMES such a mirror of passing events that while it retains all of its old friends, it will meet with a ready welcome from hosts of new ones in every part of the country.

Our hospital cliniques are daily becoming more interesting. The ample facilities which our large public institutions now give us for the investigation of disease, and a careful line of treatment, will be of great practical use to the profession. The Ward's Island Hospital now contains over five hundred inmates. The new pavillion at the Insane Asylum at Middletown is completed, giving us accommodation for nearly one hundred and fifty more patients. The clinical reports from these institutions, the Ophthalmic Hospital, and our dispensaries, will add much to the value of our clinical pages. Our original articles, news, and editorial department, will give, we hope, an interesting and instructive resumé of the progress of medical science.

Medical Annotations.

APOCYNUM CANNABINUM—ITS VALUE IN DROPSICAL AFFECTIONS.—The *Medical Record* of July 3d, 1875, contains an interesting discussion on the action of this drug in the class of affections named. In a case of general anasarca, complicated with pleuritic effusion and hydropericardium, where the patient, a man of sixty years, was suffering from extreme dyspnœa, the result of enormous distension, the apocynum cannabinum was used with the most wonderful results. In forty-eight hours the man who had been so frightfully distended was reduced to a skeleton. Though he died a year afterwards, the water never again accumulated, any disposition thereto being immediately relieved by the infusion of this drug. Dr. Jewett, of Canandagula, N. Y., who is quoted in this article as having had great experience with the drug, claims that the *bark of the root* is alone active. Dr. Armor, of Long Island, related his experience in the use of apocynum. In a case of general anasarca under his observation, the remedy was given; the dropsical accumulation was immense, and all the usual remedies had been tried in vain. Within seventy-two hours the patient was drained almost to the condition of a skeleton!

In other cases, however, apparently similar in every respect to the above, the remedy—although the same preparation of it was used—had little or no effect. The doctor asked, what is it which in one case gives us such prompt and powerful action of the remedy, and in another we get no therapeutic effect whatever? He said he had little confidence in apocynum, or any other medicinal substance, in removing fluid effusion in closed cavities, when it results from acute or sub-acute inflammation of serous tissues. The fibrinous deposit, interposed between the sub-pleural vessels and the liquid effusion, greatly impedes the absorption of the serous fluid; beyond a certain point, he doubted the value of pushing hydragogue cathartics and diuretics. A very marked distinction should be made between an effusion in a closed cavity, the result of *exudation*, and that which results from a *transudation*. In the one instance it is an inflammatory product, and requires time or surgical interference for its removal; in the other, it is a mere *transudation*, the result of a general dropsy, and is readily removed by appropriate medication. It is only in the latter form of effusions into closed serous sacs, that the speaker would have confidence in *apocynum*. It is needless to say that in all the above cases large doses of the infusion were administered.

The *American Journal of Obstetrics*, for February, 1876, contains an article from Samuel B. Howe, M. D., of Cambridge, Mass., on milk fever, or a treatise to show the relation which exists between the rise in temperature on the third to fifth day, and the beginning of the milk secretion. The writer first gives the opinions of the most celebrated authors, both of this country and of Europe, as regards this so-called milk fever. For convenience, these authorities are divided into distinct

classes, those who consider that the so-called milk fever is connected with some inflammation of the genitals due to laceration or bruises at the time of birth, and those who attribute it to the congestion of the breast, due to the establishment of the secretion of milk. D'Espine and Winckel are cited as being the exponents of the first doctrine, and Schroeder and Schramm as leaders of the other. Dr. Howe takes up the study in a systematic manner, relying for his conclusions upon the revelations of the thermometer, as applied at the bed-side from day to day. Over one hundred cases were studied, and the temperature was taken morning and evening for the first ten days, all cases being excluded which were fatal, or were connected with any serious trouble.

The cases given, show conclusively that the coming of the milk and the congestion of the mammary gland are accompanied with a rising temperature, and the fuller the breasts are, the higher the temperature will rise. By the first-curve table a rise of over two degrees is shown, as occurring on the fourth day, when the breasts contained the most milk. The writer does not wish to show by this table, that the milk alone caused a rise of two degrees, for among the cases there were many other causes for this increase, namely, wounds and lacerations of the mucous membrane of the genital apparatus, after pains, sore nipples, indiscretions in diet and mental emotions; but he thinks that this point is clearly shown, that although there are many causes for this rise, that the additional cause, namely, the coming of the milk, will show itself in a further rise in temperature. Should it be argued that an increase in temperature observed on the fourth day in this large number of cases, is really due to the laceration of the genitals, and in other causes incident to labor, rather than to the beginning of the secretion of milk and the change in the condition of the breasts, the reader is reminded of other cases observed in the course of the investigation, in which these lesions and lacerations were entirely wanting or very slight, and in which there was a marked increase of temperature, attributable only to the changes which were going on in the breasts. In addition to the above, the following facts are considered and substantiated by the clinical record. If from any cause, as the illness or death of the child, the lacteal accumulation in the gland vessel is not relieved, the fever increases instead of diminishing. This is due, not to the congestion of the breasts, but owing to the stretching and irritation which this produces, when the glands are filled and the breasts hardest; then the temperature is at its maximum.

Dr. Howe concludes by saying that the term *milk fever* is not only useful but necessary; still he does not consider every rise in temperature during the lying-in state due to the condition generally understood by the term; indeed, he believes that milk fever in a pure form is rare, for it is hardly fair to consider that the establishment of a natural function should give rise to any febrile disturbance. The fever which occurs often during the first week of child-bed, is, in his opinion, not a simple one at all, but is due to a combination of circumstances, namely, wounds of the genitals, congestion of the breasts, indiscretions in diet, mental disturbance, etc.

Bibliographical.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. Von Ziemssen. Vol. X. Diseases of the Female Sexual Organs. By Prof. Carl Schroeder.

The tenth volume of the Cyclopedia is issued in the place of the fourth, to meet the requests of many subscribers.

Prof. Schroeder is so well known to the profession as an original thinker, and a clear and forcible writer, that any contribution he may make to medical literature will be read with more than ordinary interest. After an historical sketch of scarcely two pages, the author proceeds to detail the various steps of gynecological examination, including a description of the instruments most in use. The diseases of the uterus and its appendages are taken up in their regular order, and discussed as fully as the limits of the work will permit, particular attention being devoted to the etiology and pathology of the diseases. We must confess we arise from a perusal of this work with a feeling of disappointment. It is not what we expected from Prof. Schroeder, and should be very sorry to believe it represents the present status of gynecology in Germany. It contains of course much valuable matter, but as a treatise on gynecology, it is, in our estimation, much inferior to works we could mention by both American and English writers.

Thus far the Cyclopedia comes far short of the glowing promises made by the editor and publishers. It is very far from being the complete and exhaustive work we expected; and, while it will form a valuable addition to the medical library, the great cyclopedia is yet to be written.

A TREATISE ON DISEASES OF THE EYE. By Henry C. Angell, M. D., Professor of Ophthalmology in the Boston University School of Medicine, Ophthalmic Surgeon to the Massachusetts Homœopathic Hospital, etc. Fourth edition, enlarged and illustrated. Boericke & Taffel, New York and Philadelphia.

This work from the pen of Dr. Angell, has been before the profession in its former editions

for a number of years. How well it has been received the four successive appearances give ample proof. As heretofore, the endeavor has been to treat the subjects embraced clearly and concisely, in the hope of presenting a volume attractive enough to induce the busiest to give it some attention. Therefore to students and general practitioners its design especially appeals, and we are sure that from these classes it will receive a hearty welcome. So far as the size of the work is concerned, it is not materially increased over that of former editions, at the same time each chapter, has been brought up to date in ophthalmologic science; the thirty pages which have been added relate chiefly to the anatomy and physiology of the eye. In addition, three handsome plates have been added, representing in all nine figures, the first three picturing clearly the anatomy, and the remainder various phases of abnormal conditions of the eye. On the whole the work is so well adapted to the field which it is designed to fill, it cannot be otherwise than generously received by the profession at large.

ENCYCLOPEDIA OF PURE MATERIA MEDICA. Edited by T. F. Allen, A. M., M. D. New York: Boericke & Taffel, publishers.

The third volume of the Encyclopedia takes us from *Carlsbad* to *Cubeba*, and includes seventy-three drugs. The general plan with which the work was commenced is carried out in this volume with the same care and minuteness of detail which has characterized the preceding volumes.

PATHOLOGICAL REPORTS.

HOMŒOPATHIC HOSPITAL, Ward's Island—Patrick Higgins, 34 years of age, admitted to Hospital on November 11, 1875. Four months previous to admission to hospital had suffered with diarrhœa, seven or eight passages during the night, nine or ten during the day. Stools small, thin but not watery, reddish-brown in color, and sometimes containing blood; colic pain before stool, tenesmus during stool. Has had great thirst for small quantities of water. His feet have been swollen at night, occasionally during the last two months. No swelling at the eyelids nor pain in the back. A week previous to admission, after lying on the floor began to have sharp stitching pains in the right side causing shortness of breath. Both the pain and the shortness of breath have increased decidedly since that time. When first examined the patient was lying on his right side, that being the most comfortable position, breathing very fast and superficially, each breath causing a cry. Physical examination the second day after admission revealed great dullness over the entire right side of the chest, less marked above the third rib. Hepatic dullness much extended, and liver very tender on pressure. Ausculation showed harsh respiration, but no rales on the left side. Faint respiration above left rib; respiration and vocal resonance absent below third rib on right side. Examination again on November 26th showed absolute dullness over the right side, extending one and one-half inches beyond the median line as far as the third intercostal space; then cardiac dullness nearly to the axillary line. The hepatic dullness now extended to cartilage of the false ribs on the left side, and obliquely downwards through the umbilicus It was impossible to determine the extent of the liver on the right side, as it pained the patient to move, and considerable ascites existed. Ausculation revealed the absence of respiration and vocal resonance on the right side, the harsh respiration on the right side, and the cardiac displacement as before noted. The apex beat was three inches outside and one inch below the nipple. November 27, Dr. Thompson removed by means of the aspirator, 87 ounces of fluid, the needle being introduced in the fourth intercostal space, in front near the axillary line. The fluid removed was found by Dr. Wetmore's examination to contain one-sixth pus, and some biliary coloring matter. Though much relieved by the operation, the patient died very quietly on the evening of December 4th. The autopsy made December 5th, gave the following result: The right chest considerably distended, contained 152 ounces of fluid, about one-third of which consisted of pus and flakes of fibrin. The chest wall was lined with a false membrane one-eighth of an inch in thickness. The lung was closely compressed against the spine and covered with fibrinous matter. There was slight crepitus, but the lung was almost entirely collapsed. At the base of the pleural cavity near the spine, was a large opening through the diaphragm. The left chest contained about eight ounces of fluid. The

lung was very dark colored and hyperæmic. The pericardium contained six ounces of fluid. The heart was of about normal size, and contained several clots. Two of these were antemortem entirely, one in the appendix of the right auricle, the other attached to the tricuspid valve. The abdominal cavity contained about 120 ounces of fluid. The liver was somewhat enlarged and hyperæmic. It contained two abscesses, one, about the size of an orange, opening through the diaphragm, near the vena cava; the other much smaller, opening on the inferior surface of the right lobe, near the sharp edge of the liver. Adhesions bound the liver very closely to the diaphragm, stomach and pancreas near the larger abscess. The other organs presented nothing of interest.

Dr. J. McE. Wetmore's service, reported by C. L. Nichols, M. D.

Rupture of Heart.—Dr. L. L. Danforth reports an autopsy, the lesion being one of unusual occurrence.

The history of the case was interesting, as showing a premonitory stage. It was briefly as follows: A man sixty-five years of age was seized with sudden vertigo on November 23d, family bereavements and business cares having disturbed his mind for some time previously. Two days later he had an attack of nausea and vomiting, accompanied with pain in the chest. With the exception of slight dyspnœa, which he had been troubled with of late, when walking rapidly or ascending, he had never suffered illness before in his life. The evening of the day on which he had the nausea and vomiting, he spent comfortably, and continued so until one o'clock in the morning. At that time, while urinating, he sprang from his bed and dropped dead.

The autopsy was made thirty-three hours after death. All of the viscera, with the exception of the heart, aorta and liver, were healthy. The latter was fatty, and extended up to the border of the third rib. The portion of the diaphragm over this enlarged liver was exceedingly thin from the tension produced. The pericardium was half filled with fluid blood. The *right* ventricle was very thin, and at a point about the centre of the muscular wall, a large rupture was discovered, about an inch in length, having lacerated edges. The *left* ventricular wall was not much, if at all thinned. The whole muscular structure appeared pale and anæmic, and from a superficial examination it would seem as if fatty degeneration had taken place. A microscopical examination was not made. The coronary artery supplying the right side of the heart was in a state of ossification. As is well known, this lesion is by far most frequent in the wall of the left ventricle, the right ventricle, the two auricles, and the internal septa rarely suffering. This case then is one of unusual interest, as belonging to a class of *post-mortem* specimens rarely seen.

REPORTS OF HOSPITALS AND DISPENSARIES.

HOM. HOSPITAL, W. I., *Feb. 1st*, 1876.

To the Editors Homœopathic Times.—On the 1st of January, 1876, there were remaining in this Hospital 262 male, and 51 female patients. During the month just ended there were admitted to our wards 124 males, and 45 females. 137 patients have been discharged since the new year began, which is almost as many as were discharged in the last three months of 1875. Eight deaths occurred at this Hospital in Jan., mostly from phthisis. The weather has been peculiarly unfortunate for consumptives, being now damp and foggy; and again sharp, with strong easterly winds. Still, our mortality has been light, considering the fact that moribund cases are sometimes landed at our doors.

I would respectfully suggest the propriety of encouraging those in charge of homœopathic dispensaries throughout the city, to send us as many acute cases as possible. Hitherto our cases have been mostly of the chronic order.

Thirty new beds have been sent us, to supply the constantly increasing demand for accommodations. We are full, yet we have room for another, and our cry is still for more.

Very respectfully,
SELDEN H. TALCOTT, Chief of Staff.

ALBANY CITY HOMŒOPATHIC HOSPITAL AND DISPENSARY, 123 North Pearl street. January, 1876. *Hospital.*—New patients received during month, 6; patients remaining under treatment, 12. The operation of lithotomy was performed by Dr. H. G. Preston. Calculus, inch and a-half in diameter extracted; patient recovered. *Dispensary*—No. of prescriptions, 372; new patients, 83; surgical cases, 68. Number teeth extracted,

28; visits, 24. February, 1876. *Hospital.*—New patients received during month, 5; patients remaining under treatment, 11; deaths, 1; births, 2. The cause of death was from peritonitis, following the operation of ovariotomy, *Dispensary.* Number of prescriptions, 428; new patients, 112; surgical cases, 30. Number of teeth extracted, 34; visits, 25.

BROOKLYN HOMŒOPATHIC HOSPITAL, S. E. Stiles, M. D., resident surgeon. For month ending January 31st: New patients, 19; patients remaining under treatment, 30; deaths, 2. The cases during this month have been principally surgical. Deaths both from cardiac disease.

HAHNEMANN HOSPITAL, 213 West Fifty-fourth street, N. Y. city, Arthur Beach, M. D., resident surgeon. Report for month ending January 31st, 1876: New patients, 4; patients remaining under treatment, 9; no deaths.

N.Y. MEDICAL COLLEGE DISPENSARY. W. I. Wellman, house physician.—Report for month ending January 31st, 1876: No. of prescriptions, 1,516; new patients, 505; vaccinations, 50; visits made, 80.

NEW YORK OPHTHALMIC HOSPITAL, January 31st, 1876. Alfred Wanstall, M. D., resident surgeon. Number of prescriptions, 2,786; new patients, 350; patients resident in the hospital, 35; average daily attendance, 111; largest daily attendance, 164.

WESTERN HOM. DISPENSARY, No. 403 West Forty-second street. Report for January: Number of new patients, 601; number of prescriptions, 1,471; number of patients visited, 61; number of visits made, 187.

N.Y. STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE following appointments, made at the late meeting of the State Society, were omitted in the report published last month:

CHAIRMEN OF BUREAUX.

Materia Medica—Lorenzo M. Kenyon, M.D., Buffalo, N.Y.

Clinical Medicine—Wm. A. Hawley, M.D., Syracuse, N.Y.

Surgery—T. Dwight Stow, M.D., Fall River, Mass.

Obstetrics—Everette Hasbrouck, M. D., 253 13th St., Brooklyn, N.Y.

Gynæcology—Frank L. Vincent, M.D., Troy, N.Y.

Pœdology—R. C. Moffat, M.D., 17 Schermerhorn St., Brooklyn, N.Y.

Mental and Nervous Diseases—H. R. Stiles, M.D., Middletown, Orange Co., N.Y.

Ophthalmology—George S. Norton, M. D., 36 West 27th St., New York.

Otology—Henry C. Houghton, M.D., 50 West 33d St., New York.

Laryngology—E. J. Whitney, M. D., 100 Lafayette Avenue, Brooklyn, N.Y.

Climatology—A. R. Wright, M. D., Buffalo, N.Y.

Vaccination—T. L. Brown, M. D., Binghamton, N.Y.

Histology—S. P. Burdick, M. D., 351 West 34th St., New York.

Vital Statistics—E. M. Kellogg, M.D., 29 East 19th St., New York.

Necrology—Henry D. Paine, M. D., 26 West 30th St., New York.

Pharmacology—H. M. Smith, M. D., 107 4th Avenue, New York.

Medical Education—John F. Gray, M.D., 5th Avenue Hotel, New York.

Medical Societies and Institutions—Alfred K. Hills, M.D., 33 West 23d St., New York.

Committee on Legislation—E. D. Jones, M.D., L. M. Kenyon, M. D., F. L. Vincent, M. D., L. M. Pratt, M.D., Wm. Gulick, M.D.

A CORRECTION.

In a Report of the Twenty-fifth Annual Meeting of the New York State Homœopathic Medical Society, just issued, there is, in the report of the Bureau of Surgery, the records of a case of "aneurism of the *abdominal* aorta," which came under my care during my term of service in the Surgical section of the Ward's Island Homœopathic Hospital, while Doctor Duncan McFarland was acting on the house staff. So far as this portion of the report goes, it is correct, but to state Dr. J. Ralsey White "related the early history of the case, and that it was transferred by him to Dr. Helmuth," is a great mistake.

I am indebted to Dr. White, for placing in my hands a most interesting case of "*thoracic*" aneurism, that was cured by the use of *gallic acid* and *iron*, and from the successful use of

these medicines in his case, was led to order a similar prescription at the homœopathic hospital on Ward's Island. It will be seen that the two cases were very different, and presented very varied symptoms, and that *both* were cured by the same prescriptions. These cases, with two others, I propose to publish at some future time. I make this correction, because I have already narrated to the County Society the case of *thoracic* aneurism, and was waiting for Dr. McFarland's report to gain more accurate records of the Ward's Island case.

March 1st, 1876. WM. TOD HELMUTH.

OBITUARY.

SAMUEL BANCROFT BARLOW, M. D., died at his residence, No. 55 East Twenty-first street, on Sunday, February 27, after an illness of a week's duration, culminating in inflammation of the brain, which speedily proved fatal. He was born in April, 1798, in Granville, Mass., where he spent the earlier part of his life. Choosing medicine as his profession, he studied surgery and medicine in Yale College, graduating from the Yale Medical School in 1821. Returning to his native place he practised as a physician and surgeon for several years, when he removed to Florida in Orange County, N. Y., a place which has become noted for being ex-Governor Seward's birth-place. In 1841 he moved to this city, where he remained until his death. He was educated in the old school of medicine, but altered his views and became a homœopathist, being one of the earliest and most successful practicing physicians of that school in this city. He was for a number of years Professor of Materia Medica in the Homœopathic Medical College, retiring from the chair he occupied eight years ago. About four years ago he experienced a severe illness, and in consequence of the break it made in his professional duties he retired from active practice, although his services as consulting physician were in demand up to the time of his death. As a scholar he was well known for his antiquarian tastes and his acquirements in philology.

His mind was of a peculiarly practical character, and his college lectures were not only thoroughly scientific, but full of just that practical instruction which the young physician so much needs, but which is not found in text books. Kind and sympathizing in the sick room, able in council, he was on all occasions and in all places the courteous christian gentleman.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

THE Sixteenth Annual Commencement of this institution was held Thursday evening, March 4, at Association Hall. The degree of M.D. was conferred on the members of the Graduating Class by the Hon. Salem H. Wales, the President of the Board of Trustees. The names of the graduates are as follows: A. A. Allen, N.Y.; T. DeWitt Bates, N.Y.; E. C. Buell, O.; S. Baruch, N.Y.; D. H. Barclay, Conn.; Bukk G. Carleton, N.Y.; A. Claypool, O.; A. L. Cole, N.Y.; Chas. Deadly, N.Y.; W. F. Decker, N.Y.; W. E. Dewel, N.Y.; Joel D. Freed, Can.; A. W. Gamman, N. Y.; H. B. Eaton, Jr., Me.; H. B. Heartwell, Iowa; O. L. Jenkins, N. Y.; E. H. Linnell, Ct.; Joel D. Madden, N.Y.; F. F. Mendoza, Cuba; Charles H. Miller, N.J.; B. F. McTavish, Can.; G. F. McCormick, D.C.; J. Molz, N.J.; C. A. Moores, Me.; Rev. Fred. Ortel, N.Y.; J. A. Pearsall, N.Y.; J. D. Quill, Conn.; Louis Rade, N.Y.; C. W. Radway, N.Y.; E. C. Rickerts, N.J.; H. W. Rose, Brooklyn; T. H. Shipman, N. Y.; H. M. Smith, N. Y.; E. B. Squirer, N. Y.; C. H. Strong, Illinois; Thomas Wildes, N.Y.

Certificates of proficiency in examinations were given by Dr. F. S. Bradford, Secretary of the Faculty, to the members of the Junior Class, 53 in number.

The Faculty Prize, a microscope, for having attained the highest grade in scholarship during the three years course, was awarded to E. H. Linnell, of Connecticut. Honorable mention was also made of the following graduates: 1st, Bukk G. Carlton, 2d, E. C. Buell, 3d, Thomas Wildes, 4th, Chas. H. Miller, 5th, Chas. Deady.

Prof. Helmuth's Prize, a valuable aspirator, for proficiency in surgery, to E. B. Squirer. Prof. Burdick's prizes, for excellence in obstetrics, to H. M. Smith and William F. Decker. Prof. Allen's prize, a gold medal, for the best original drug proving, to H. M. Smith. Prof. Ebell's prize, for excellence in Physiology, to W. W. Blackman, L. Faust, and C. D. Welch. Prof. Lilienthal's prize, for the best report in Clinical Medicine, to Thomas Wildes. Wm. F. Decker,

and O. F. Jenkins also receiving tokens for proficiency in the same department. The valedictory on behalf of the Faculty, was delivered by Prof. S. P. Burdick. Dr. Wm. F. Decker made the valedictory address on the part of the graduates.

Correspondence.

To the Elder Members of the Homœopathic Profession in New York City.

GENTLEMEN: As young men just entering upon the practice of Hahnemann's law among you, we believe that good may arise from a statement of our views as to the services you are rendering homœopathy, and the relation which we think you ought to bear to the younger members of the profession. We have no disposition to address you in other than respectful terms. But respect ought not to repress the expression of truth, as we see it; and should we appear over-frank in our description of your failings, or even insolently presumptious in our appeals for improvement, we know that your paternal kindness will attribute it to the ardor of enthusiasm and the inexperienced rashness of youth. We shall endeavor to write in plain terms, not attempting to conceal the nakedness of homœopathy in this city, for that would be unprofessional modesty in a physician, who uncovers in order to cure. Nor are we afraid that its beauty will be defaced by a frank admission of its imperfections; but, like the Athenian artist who exposed his statues to the criticism of his envious companions, in order that he might perfect them, so we tear away the mantle, that the idle chisels may renew their busy chipping upon what, your suspended labors seem to say, is a finished work of art.

It is the fashion, when you have gotten together, to tell with pardonable pride the story of the marvelous growth of homœopathy in this city, under your fostering care. We cannot object to this occasional swinging of the incense-censer under each other's nostrils, for you deserve to be regaled with some degree of praise. But we do cry out against your sitting down like "mild-eyed lotos-eaters," thinking that you are in a "land where it is always afternoon." We go into the meetings of the County Society to listen to the products of your experience, and learning and thought; but, with a few public-spirited exceptions, your silence there is the silence of absence. We take up our journals for instruction from you, but sigh over the affliction of immature minds, writing for practice and notoriety. We wander about the city to find the dispensaries, which the little effort required must have long since placed upon an enduring basis; but beyond two or three struggling for existence in miserable quarters, the search is in vain. But when we go into our opponents' meetings, and turn over the pages of their periodicals, we see their ablest and most experienced men ardently discussing the various problems of medicine; while their dispensaries, abundantly furnished and munificently supported, are scattered throughout the city. We ask ourselves, why is this difference? Is the practice of homœopathy benumbing to the brain? Its youth is no sufficient explanation; for it has had, for many years, many able physicians and numerous wealthy adherents. We go, for our final answer, to the banks; and the question is immediately solved. The search for the Golden Fleece seems to have absorbed every energy. Love for indolent leisure has strangled public spirit. The transient gratitude of patrons has compensated for the lasting gratitude from benefited science. You have been diligent in reaping the harvests of your predecessors; but have been too selfish to sow for us.

While we have been indulging in this unjust diatribe (as you may perhaps term it), we imagine your dissent from each of our assertions of fact and opinion. As to the County Society, you reply by showing us the valuable papers which have there been read. But how about the preponderance of "padded articles?" Are the discussions of papers (when discussed at all) always carried on by our ablest men, or do they afford a stage for the incompetents to display their painful contortions at much expense of breath, but little display of skill? Was not one of your twelve meetings held to consider one of the most important branches of medical science, given up entirely to women, against whom we have nothing to say except that they are as young and inexperienced as ourselves? Did not the society recently receive, with a too tolerant lack of dissent, a paper which we must charitably assume to have been prepared under the influence of a highly potentized dose of lack-*rationis?* Are not the reports of these meetings

spread before the medical world as the representatives of the culture, the learning and scientific habits of mind of the largest body of homœopathic practitioners in any city of the world? And do they not misrepresent you? Can you expect inquiring young men to form a fair estimate of homœopathy, by stepping from the meetings of the Academy into those of the County Society? Is it just to us, for some of you to form a little coterie, which meets in private to discuss matters of medicine over well-spread tables, and then stay away from public representative meetings, because they are "run" by "incompetent intriguers," and "they do not amount to shucks?" Pray, who must "run" them if you do not, and what can there be but "shucks" remaining, when you have appropriated all the meats?

The other day, when some of us were deploring the emptiness of our journals, one remarked, "the best men *won't* write." You may reply, we have no time, nor do the interests of our practice demand it. But the interests of science demand it; and the best and most practice-driven of the old school find time, not only to do service at the hospitals, give lectures at their colleges, and discuss at their meetings, but also to prepare elaborate articles for their journals. There are a few of your number, (alas, how few!) whose self-sacrificing labors must put the rest of you to shame for your own inertness. If account books form the most worthy records of the results of a physician's life; if "slippered ease" and the stupid doze of after-dinner satiety be more laudable than the activity which eagerly works towards beneficent ends; if ethics are merely courtesies, and there is no higher duty than gratification of self, then your neglect to embalm your thoughs and knowledge must be applauded by us, as public-spirited, unselfish and exemplary.

In reply to our strictures upon the lack of dispensaries, you will all perhaps point in chorus to the Ophthalmic Hospital. Drop your fingers, gentlemen. But one or two of you has a right to point to that, and the inscription over its entrance tells the story of its erection. Do you refer us to the reports of public institutions in the State transactions, we read to you how Dr. Roe has puffed himself to the verge of quackery, in the reports of *his* dispensary, which we are happy to say is as dead as the esteem which the profession may have had for its founder. Are we sent to the public prints for an account of your dispensary balls, we make you glow with infinitesimal delight by detailing a description of the really brilliant company, in which Dr. Doe leads off the dance, which so spreads the glory of the Dr.'s name. Do you adjust your telescopes for us to admire your handiwork, we discover the multitude of two dispensing lights, which shine, to be sure, with the lustre of pure intention, but are by no means entitled to be classed among fixed stars of the first magnitude. We confess that there is a rumor, that one among you has not only given of his own means, but has so interested his patrons, that the often expressed taunt of our opponents, "the homœopaths have no dispensaries which amount to anything," is soon to be answered by a solid building, with an ample endowment. Would it be impertinent to ask, how many of you, in this large city, where you boast of being employed by half its wealth, how many of you are seeking to turn the charity of your grateful patients into channels for the benefit of that homœopathy which has so benefited them and you? Do you think that the dispensary system is of no service to the education of the students who flock to this medical centre of America? Are you proud to send our young men for clinical instruction to those who deride us as quacks? Do you expect us to keep abreast of the young physicians of the old school, who, after spending two years in hospitals, study in Europe, and then return to perfect their skill in dispensaries, equipped with every instrument? Do you not recognize as the most pressing necessity of our school, the need for skilled specialists in every department except the eye? How can you expect to obtain them except by supplying the material necessary for our training? You cannot reply with truth, that the ignorant poor do not appreciate the surpassing benefits of the minimum dose applied according to our law. The reports of the Western and College dispensaries immediately refute you. We ask you, gentlemen, to remember the vast influence for good which the Ophthalmic Hospital has exercised upon humanity and accurate therapeutics; and then to calculate how immeasurably this influence can be increased by self-denying effort to establish kindred institutions?

And now we have but one more grievance to

present. Do you, as a matter of principle, emulate the example of the best physicians of the old school, who religiously encourage the acquaintance of all young physicians, in order that they may mould and stimulate them? We believe that we do not underrate the truth, when we complain that we must wait for years before we are entitled to be called your professional brethren. You cheerfully meet us in the few consultations of our early professional life. But beyond this, our association with you is but a matter of longing. We struggle along alone, gaining experience painfully through many stumblings, studying as best we can in our own blind way, until, when the time for study is past, and the rush of practice is on us, we take our places as the rivals of the old man, who sees his practice slipping away from the waning powers of his brain. It is not enough for you to say, that some one of us has patronized this or that young man. "I have advised him; I have made him a partner; or I have given him his practice." This it would be ungenerous to deny, for to the kindness of heart of some older physicians, every young physician will bear grateful witness. But it is of your attitude as a *mass* of men to us as a *mass* of men that we complain. We do not ask of you to give us practice. This should come to us only when sound attainments have deserved it. But we do care for the stimulus of your occasional companionship. We want your encouragement of the How and What to study. We desire to catch the fruits of your experience as they drop from the living lips, which yield no sweeter flavors than when stowed away upon the printed page. The learning, the polite culture, the scientific habits and discipline of mind which have come from long study and much thought, the trained and careful judgment, the characters which the years have mellowed into ripe maturity, the men themselves, all these we wish to come in contact with, so that what is best and truest in all of you may enter into each of us. Do not throw about yourselves a mantle of clouds, but give us of your sunlight. Then indeed you may expect that we will yield a rich and generous fruitage.

We have been led thus earnestly and plainly to present our views, because we feel that upon us is to fall a heavy burden. The truth which underlies our system is of vast importance to humanity. The progress of homœopathy and its speedy acceptance by all medical men depend upon our fitness to carry on your work. The remark of Emerson, that the reception of an idea depends upon whether there is a man behind it or no, is true. It is for us then to become the full measure of men, if we are to represent the truth of homœopathy aright. To become such, we need all that you can give us, in addition to love for truth and in duty untiring and well-directed. It is for us to have energy and perseverance and earnestness. It is for you to tell us, by what means to work toward high and noble ends.

We do not feel that we have asked of you more than you can fulfill. To attend the County Society meetings will demand but one evening every month. If each of you would furnish one article every year to some one of our journals, all worthless matter would be crowded out. A little interest in enlisting funds for dispensary purposes, would give us in a few years all that we can ask for. The Medical Journal Club, whose object should be social as well as scientific, will afford a field for all to mingle harmoniously. Indeed, we believe, that the importance of this new organization cannot be over-estimated as a means of bringing about that close acquaintance which produces a catholic feeling among men. By a hearty co-operation of all physicians in its support, and a genial cordiality of each to every other member, much will be done to do away with the grievances of

A WELL-WISHING PESSIMIST.

Medical Items and News.

THE following important circular, should be promptly responded to, in order that the officers may know individual preferences, and members placed in work where they can do the most good.

Homœopathic Medical Society of the State of New York.

DEAR DOCTOR: Will you have the kindness to indicate in writing, to the undersigned, the special department in Medical Science in which you are particularly interested? also consider yourself *earnestly* invited to present a paper at the next meeting of the Society.

ALFRED K. HILLS,
33 W. 23d st., Feb. 1876. R. Secretary.

DR. BRUN, in a communication in the *Journal de Medicine* of last month, describe a case of intestinal obstruction, due to the ingestion of large quantities of service fruit, which was successfully relieved by means of J. Wood's method of insufflation of air. The difficulty had lasted for days, and resisted all the ordinary methods of treatment. Moreover, the procedure recommended by Taliaferra of injection into the bowels *bicarbonate of soda* and *citric acid* separately, for the purpose of liberating gas in the intestine, and distending the canal, had been tried ineffectually. The patient was evidently sinking; the pulse was very feeble, and there was stercoraceous vomiting. An œsophageal sound was introduced into the rectum, and to the external extremity the nozzle of an ordinary bellows was attached. Air was then ejected till the abdomen had increased markedly in volume. The first attempt, however, was unsuccessful. It was repeated, and the insufflation continued until considerable abdominal tension was produced, and respiration rendered difficult. In the course of an hour dejections began, and the patient recovered.—*Ex.*

POISONING BY CARBOLIC ACID.—The *Medical Times and Gazette*, of November 27, 1875, contains a report of a case of poisoning, in which the patient, a woman forty years of age, swallowed nearly a tea-cupful, or about four ounces of crude carbolic acid. Twenty minutes afterward the stomach was thoroughly washed out, and a pint of olive oil thrown into it. There was much prostration; but under stimulants, milk, ice, etc., the patient gradually recovered, and was discharged from the hospital about a month after the accident.

ACTIVE PRINCIPLE OF COTTON ROOT BARK. Dr. Prescott, of Ann Arbor, Mich., reports that cotton root bark had been recently examined under his supervision, in the laboratory of the University, by William C. Staehle, who found that it contains no alkaloid, but a characteristic dark-colored resin, to which is properly due the activity of the drug.

FOR SALE--A Practice of $5,000 per year, at a very low figure. The practice is in a manufacturing town of 7,500 inhabitants, in central New York. Satisfactory reason given for disposing of practice. Address Physician, care Walter Deuel, Frankfort, N. Y.

THE annual report of the Superintendent of Roosevelt Hospital shows that 1,559 patients were treated during the past year, of whom 789 were discharged cured, 374 improved, and 123 unimproved; 164 patients died and 162 remained in the hospital December 31, 1875; 132 patients paid full or part board, while the remainder were entirely free. The hospital expenses were $74,-446.75. The ration for house diet of patients and other dietary arrangements, adopted on the recommendation of the Medical Board for the ensuing year, with more advantageous arrangements for the purchase of the articles of food most largely consumed, will, it is thought, materially tend to diminish the expenses of the institution.

ATROPIA AS A TEST OF DEATH.—Statsarzt Michaelis has found that the action of atropia upon the pupil is not a reliable test of death. In several cases its influence was very marked in recent corpses.— *Weiner Med. Presse.*

NOTICE.—Physicians who are about to subscribe for the HOMŒOPATHIC TIMES, *or who have already subscribed and have not remitted for the same, are requested to have their postal orders made payable to* L. L. DANFORTH, *Treas.*

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